N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 26 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21556

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248A — Registered No. 175

City (No. 8417 Alaska Ave St. Ward)

2. FULL NAME Julia Jahn

(a) Residence, No. 8417 Alaska ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	67	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mattese Mo.

FATHER

13. NAME John Schmitt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Jacob John 8417 Alaska ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Johns Cem. DATE 5/4. 1936

19. UNDERTAKER (ADDRESS) C. Hoffmeister U.L. Co. 7814 So. Broadway

20. FILED May 2 1936 G Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 1st. 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 22, 1936, to April 30, 1936

I last saw her alive on Apr. 30, 1936. Death is said to have occurred on the date stated above, at 1.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia, bilateral	Apr. 27. 1936
8221	

Other contributory causes of importance:

Bronchial Asthma	unk.
Generalized Paralysis as result of Cerebral Hemorrhage	Feb. 1935

Name of operation — Date of —

What test confirmed diagnosis? Symptomatic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) Dean H. Mowry M.D.

(Address) 9439 Edgar Ave St Louis Mo.